

'Harm Reduction - coming of age'

**18th International
Conference on the
Reduction of Drug
Related Harm**



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www.harmreduction2007.org

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Opening Speech

Sunday 13th May 2007

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Welcome to the International Conference on the Reduction of Drug Related Harm. I am Gerry Stimson, and I welcome you on behalf of the International Harm Reduction Association and our conference partners, the Conference Consortium. I would like to thank our honoured guests here tonight – the Minister for Health and the Deputy President of Warsaw – for helping us to hold our conference in this wonderful country and city.

This is our 18th conference, and we have called it “Harm Reduction: Coming of age”. This name reminds us of what has been achieved so far, what is still left to achieve, and how to take harm reduction forward. The first harm reduction projects were started in the 1980s. In many countries, this was driven by the need to prevent HIV infections. Many of the pioneers behind these early projects are here this week. Make sure you talk with them and learn from their experiences.

This conference has been a key part of the globalisation of harm reduction over the last two decades. It has grown to become a global village for the exchange of harm reduction knowledge and practice. This week we have over 90 sessions featuring some 300 speakers, and over 1000 delegates from over 70 countries. Thank you all for your support.

Over the last two decades we have seen growing acceptance for harm reduction around the world. It is written into the policies of WHO, UNAIDS and UNODC. It has been adopted by most European governments. It has also been adopted regardless of culture or religions, including Islamic countries such as Iran, Malaysia, Morocco and Indonesia. This global growth has been helped by the regional harm reduction networks. I am pleased to tell you that the latest addition to this group is the Middle East and North African harm reduction network – thanks to a joint partnership between IHRA and WHO. IHRA is also supporting

the development of a Sub-Saharan Africa Harm Reduction Network, as well as the International Network of People who Use Drugs.

The global spread of harm reduction still faces obstacles. In most countries, programme coverage is still inadequate. The United States and Japanese governments still oppose harm reduction at international meetings. The provision of methadone is still illegal in Russia. Many countries still limit and censor the operations of civil society. People are still executed for drug offences in many countries. The international drug control conventions still inhibit the development of evidence based national drug policies. The International Narcotics Control Board still ignores public health and pursues a narrow interpretation of the drug conventions. There are still inconsistencies in how different parts of the UN system approach the subject of drug use.

In light of such barriers, IHRA is pleased to announce at this conference a major new programme of policy analysis and advocacy, funded by the UK Department for International Development. This collaboration between IHRA and harm reduction networks aims to create a conducive global environment for harm reduction.

Harm reduction is highly principled. It does not judge people. It accepts that we are all vulnerable. It is consistent with both humanistic and religious views on the inherent dignity of human kind. It is based in human rights, especially the rights to life and security, to health protection, to the provision of medical treatment and protection against hurts from the community and state. Promoting and defending the human rights of drug users must increasingly become the focus of our efforts. We must start using the mechanisms provided under national and international laws to fight for policy and legislative change.

I'd like to highlight three important developments on this subject since we met in Vancouver last year. In November 2006, the UN Committee on Economic, Social and Cultural Rights produced a report on Tajikistan, calling upon the government to, quote, "establish time-bound targets for extending the provision of free...harm reduction services to all parts of the country." This is the first time a UN human rights treaty body has specifically called upon a state to extend harm reduction programmes. Later this year the European Court of Human Rights will hear arguments in the case of "Shelley versus the United Kingdom", which challenges the failure of the British Government to provide needle exchange in prisons. A number of organisations here at this conference – the Canadian HIV/AIDS Legal Network, the Irish Penal Reform Trust, the National AIDS Trust and IHRA – have applied to intervene in this case in support of Mr. Shelley. If successful, this case could create a legal precedent to extend syringe exchange in prisons across Europe. Finally, I'd like to mention the Vancouver Area Network of Drug Users, who recently filed a major legal action against the Canadian Government to stop it from closing Insite, North America's only legal safe injection facility.

Whilst harm reduction is most closely associated with blood borne viruses, it is also an approach that can be applied to all psychoactive drugs. For example, alcohol harm reduction focuses on specific problems associated with drinking. It

targets high-risk drinking behaviours, drinking contexts and population groups. It has a very strong evidence and practice base covering such things as drink driving, server training, the management of public space, the management of the night time economy, the management of bars and other drinking venues, product quality control, and harm reduction treatments which aim for moderation in drinking.

Harm reduction is also now being increasingly considered with respect to nicotine. There is a growing realisation that existing tobacco control policies promote a “quit or die” approach, which condemns a significant number of people who are unable or unwilling to abstain. These people have a high risk of harm, so it is immoral to abandon them to their fate when there are smokeless nicotine delivery systems which are substantially less risky to health.

Justifiably, then, we have named this conference “Harm Reduction: Coming of Age”. It is an opportunity to reflect on the many harm reduction achievements, to examine the existing problems and failures, and to look forward to the next decades of harm reduction on a global basis. There is still much to do. To all of you here tonight, thank for coming to this conference. I hope – indeed I know – that you will find this an excellent and informative conference. Please make the most of the opportunity that this week offers you. Thank you.